

EPA ID:	
Name:	
Address:	

**KANSAS DEPARTMENT OF
HEALTH AND
ENVIRONMENT**
2007 Hazardous Waste Report



**FORM
GM**

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detail instructions on pages 15 to 21 of booklet before completing this form.

Sec.1		A. Waste Description	
B. EPA hazardous waste		C. State hazardous waste code	
D. Source code		E. Form code	F. Quantity generated in 2007
Management Method code for Source G25			
G. UOM		Density	
lbs/gal		sg	
Sec. 2		Was any of this waste managed on site? (page 22)	
		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
		<input type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-Site Management		On-Site Management	
Quantity treated, disposed, or recycled on site in 2007		Quantity treated, disposed, or recycled on site in 2007	
Method code		Method code	
Sec. 3		A. Was any of this waste shipped off site in 2007 for treatment, disposal or recycling? (page 23)	
		<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)	
		<input type="checkbox"/> 2 No (FORM IS COMPLETE)	
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
Comments:			